Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a vialid OMB control number.

UTILITY **PATENT APPLICATION TRANSMITTAL**

Attorney Docket No. BP2894 Hung-Ming (Ed) Chien First Inventor HIGH FREQUENCY SIGNAL PEAK DETECTOR Title

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. . . EL 979644375US

APPLICATION ELEMENTS See MPEP chapter 600 cancerning utility patient application contents 1. X Fee Transmittal Form (e.g. PTO/SB/17)	<u> </u>									
Computer Program (Appendix) Computer Program (Appendix) Applicant claims small entity status. Specification Total Pages Organization Computer Program (Appendix) Application Colora C					ADDRESS TO: Box Patent Application					
2. Separation Total Pages	'' /\			7.					table or	
-Abstract of the Disclosure -Abstract of the Disclosure Abstract of the Disclosure Abstract of the Disclosure	2 Si 3. X S (pi -Di -Ci -Si -Ri or -Bi -Bi	pee 37 CFF Specification referred arrescriptive ross Reference to a compute a compute ackground rief Summinief Description	angement set forth below) title of the invention ence to Related Applications Regarding Fed sponsored R&D o sequence listing, a table, er program listing appendix of the Invention ary of the Invention ption of the Drawings (if filed)	(ii a. b. i. ii. c.	f applicable Con Specifica Description CD Pa Pa ACCC D. X Ass D. X 37 (0)	de, all necessa inputer Reada ation Sequen D-ROM or CD per Statements ver DMPANYI Signment Pap CFR 3.73(b) \$	erifying NG A Residual Architecture (Cov. Statemer)	rm (CRF) ng on: opies); or identity o	f above copies ATION PAF & documents(s	3942 U.S. P
4. X Drawing(s) (35 U.S.C. 113) [Total Pages			the Disclosure	1	1 — `		•	·	_	
State TX Sta	4. X Draw 5. Oath or a. X b. (i. (A 18. If a CO or in an Ap	2. Info Sta 3. Pre 4. Re 5. (S 5. (S) 6. Other of prior or application or division	ormation Disc tement (IDS), eliminary Ameeturn Receipt hould be specartified Cop (if foreign price) (if foreign price) (2)(B)(i). Applits equivalenther: e information but application and application application application and application application and application application application and application applicat	losure PTO-14 endmer Postca cifically y of Pri ority is co ertification tt elow and	ant ord (MPEP itemized) ority Docu claimed) ion under must attact d in a prelin	Copies of IDS Citations 503) Iment(s) 35 U.S.C. 122 h form PTO/SB	3/35 			
Name Timothy W. Markison Address P.O. Box 160727 City Austin State TX Zip Code 78716-0727 Country USA Telephone (512) 342-0612 FAX (512) 342-1674 Name (Print/Type) Timothy W. Markison Registration No. (Atty/Agent) 33,534				DEN	CE ADDRI	ESS				
Address P.O. Box 160727 City Austin State TX Zip Code 78716-0727 Country USA Telephone (512) 342-0612 FAX (512) 342-1674 Name (Print/Type) Timothy W. Markison Registration No. (Atty/Agent) 33,534		omer Numbe	ror Bartinge Label I	ttach bar	code label here	or	Corres	spondence a	ddress below	
City Austin State TX Zip Code 78716-0727 Country USA Telephone (512) 342-0612 FAX (512) 342-1674 Name (Print/Type) Timothy W. Markison Registration No. (Atty/Agent) 33,534										
Country USA Telephone (512) 342-0612 FAX (512) 342-1674 Name (Print/Type) Timothy W. Markison Registration No. (Atty/Agent) 33,534					te TX Zip Code 78716-0727					
Name (Print/Type) Timothy W. Markison Registration No. (Atty/Agent) 33,534			Telephone			2-0612	<u> </u>			
Name (Find Type) Timothy W. Markison			Timothy W Markison				o. (Attv	/Agent)	33,534	
	Signature	a i jpc/	Tw MM	· · ·					1	<u>)</u> 3

*or number previously paid, if greater; For Reissues, see above

Linder the Par	penyork Reduction Act of 1995		Patent and Trademark Office: U.S. DEPAR office of information unless it displays a			
		Complet if Known				
FEE TRANS	MITTAL	Application Number				
for FY 2		Filing Date				
	UUI	First Named Inventor	Hung-Ming (Ed) Chien			
Patent fees are subject to a	nnual revision.	Examiner Name				
		Group Art Unit	1000			
TOTAL AMOUNT OF PAYMENT	(\$) \$790.00	Atty Docket No.	1,181			
METHOD OF PA	YMENT	FEE CALCULATION (continued)				
The Commissioner is hereby au		3 ADDITIONAL FEES				
Deposit Account Number Deposit Account Name Charge Any Additional Fee Re Under 37 CFR 1.16 and 1.17 Applicant claims small entitty See 37 CFR 1.27 2. X Payment Enclosed:	quired status. Oney Other	Fee Descrip Surcharge-late filing fee Surcharge- late provision or cover sheet Non-english specification For filing a request for e Requesting publication Examiner action Requesting publication Examiner action Extension for reply with	e or oath onal filing fee or ons ex parte reexamination of SIR prior to of SIR after in first month hin second month hin third month			
2 EVIDA CI AIM EEES	\$) \$750.00 om Below	Notice of Appeal Filing a brief in suppor Request for oral hearir Petition to institute a p Petition to revive - una Petition to revive unin Utility Issue Fee (or re	ng public use proceeding pvoidable tentional			
Extra Claims	Fee Paid	Plant Issue Fee				
Total Claims 19 -20** -1 X Independent Claims 3 -3** 0 X Multiple Dependent Fee Description Claims in excess of 2	18 = [0.00] 84 = [0.00] = [0.00]	Petitions to the Commi Processing fee under 3 Submissions of Informa Recording each paten property (times numbe	37 CFR 1.17(q) tion Disclosure Stmt tt assignment per	\$40.00		
Independent claims ir **Reissue independe over original patent **Reissue claims in e and over original pate	ent claims excess of 20	Filing a submission afte (37 CFR 1.129(a)) For each additional invexamined (37 CFR 1.1	er final rejection	ψ+0.00		
		Request for Continue				

SUBMITTED BY		Complete (if applicable)				
Name (Print Type)	Timothy W. Markison	Registration No. (Attorney Agent)	33,534	Telephone	(512) 342-0612	
Signature	The Mark			Date	8/20/03	

Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$40.00